

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
Certification for Waiver of CDL Skills Test for Military Personnel

**Please submit this form to your local tax collector office or driver license service center.**

<http://www.flhsmv.gov/offices/>

In accordance with s. 322.57, F.S. and 49 C.F.R. § 383.77, this form may be used by honorably discharged veterans or service members of the United States military or military reserves, the United States Coast Guard or its reserves, the Florida National Guard, or the Florida Air National Guard. The veteran who is an applicant must have been honorably discharged from military service within 1 year of the application.

This form is to be completed by you and your commanding officer and returned to your local tax collector office or driver license service center along with your US Armed forces ID card or DD-214. If you meet all of the requirements listed, you will only need to complete the applicable Commercial Driver License knowledge exams; the skills exams will be reciprocated. If you do not meet all the requirements listed, you will be required to pass the three-part Commercial Driver License Skills Tests.

**Applicant Information & Certification**

If applicable, please initial compliance with each certification requirement.

_____	_____	_____
First Name	Middle Name	Last Name
_____		
_____	_____	
Date of Birth	Driver License Number	

**Certification Requirements**

- I am regularly employed or was regularly employed within the last year in a military position requiring operation of a CMV.
- For at least two years immediately preceding separation from the military, I operated a motor vehicle representative of the CMV type I operate or expect to operate.
- I have been training as an MOS 88M Army Motor Transport Operator or similar job specialty.
- I have received training to operate large trucks in compliance with the Federal Motor Carrier Safety Administration.
- I have not simultaneously been in possession of more than one license in addition to a military license.
- I have not had any license suspended, revoked or cancelled.
- I have not had any convictions for any type of motor vehicle for the disqualifying offenses contained in 49 C.F. R § 383.519b).
- I have not had more than one conviction for any type of motor vehicle for serious traffic violations contained in 49 C.F.R § 383.51(c).
- I have not had any conviction for violation of military, State or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with any traffic crash and have no record of a crash in which I was at fault.

I certify that the statements indicated above beside my initials are true and correct to the best of my knowledge.

_____	_____
Signature	Date

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**Employer Certification**

Please indicate the vehicle classification this applicant is qualified to operate:

**Class A – Truck – trailer combinations with combined Gross Vehicle Weight Rating (GVWR) of 26,001 or more, provided the towed vehicle is more than 10,000 lbs.**

Yes  No

Was the Class A vehicle trailer a Semitrailer? (Any vehicle without Motive power designed to be coupled to or drawn by motor vehicle and constructed so that some part of its weight that of its load rests upon or is carried by another vehicle)

Yes  No

Was the Class A towing vehicle a Truck tractor? (A motor vehicle which has four or more wheels and is designed and equipped with a fifth wheel for the primary purpose of drawing a semitrailer that is attached or coupled thereto by means of such fifth wheel and which has no provision for carrying loads independently)

Yes  No

**Class B – Straight trucks weighing 26,001 lbs. Gross Vehicle Weight Rating or more. These vehicles may also tow vehicles with GVWR or 10,000 lbs. or less.**

Yes  No

Was the applicant qualified to operate vehicles designed to carry 16 or more persons, including the driver?

Yes  No

Was the vehicle used to transport children to and from school?

Yes  No

Was the vehicle equipped with air brakes?

Yes  No

Was the vehicle equipped with a manual transmission?

Yes  No

**Certification by Commanding Officer**

I certify that \_\_\_\_\_ has operated vehicles representative of the  
Name of Driver

classification listed on this application for at least two years prior to this date \_\_\_\_\_.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_